**DCS-9119 CIP** 

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## Utility **Patent Application Transmittal**

Attorney Docket No. First Inventor or Application Identifier Devlin, et al.

Method for Automatically Storing and Reprocessing Patient Specimen's in an Automatic Clinical Analyzer

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. EL 018 546 635

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APPLICATION ELEMENTS				1 1	ADDRESS TO: Box Patent Application					ř 🖣	
See MPEP chapter 600 concerning utility patent application contents.				Washington, DC 20231							
(Submit a	(Submit an original, and a duplicate for fee processing) (if applicable, all necessary)										
	Applicant claims small entity status.  See 37 CFR 1.27.				a.  Computer Readable Form (CRF)						
<ul> <li>Specification [Total Pages21 ]         (preferred arrangement set forth below)         <ul> <li>Descriptive title of the Invention</li> <li>Cross References to Related Applications</li> <li>Statement Regarding Fed Sponsored R &amp; D</li> <li>Reference to sequence listing, a table, or a computer program listing appendix</li> </ul> </li> </ul>					b Specification Sequence Listing on:  I. CD-ROM or CD-R (2 copies); or						
					ii. ☐ Paper Copy						
					c.  Statement verifying identity of the above copies						
						ACCO	MPANYIN	G APP	LICATION P.	ARTS	
	kground of the Inve				9. 🗆	Assignme	ent Papers	(cover	sheet & docu	ument(s))	ļ
<ul> <li>Brief Summary of the Invention</li> <li>Brief Description of the Drawings (if filed)</li> <li>Detailed Description</li> </ul>					10.   37 CFR §3.73(b) Statement (when there is an assignee)  Power of Attorney						ttorney
- Clair	m(s)				11.	English T	ranslation I	Docum	ent <i>(if applica</i>	able)	Í
	tract of the Disclosi ig(s), (35 U.S C. 113)		Total Sheets 3	]	12. 🛚		on Disclosu it (IDS)/PT0			opy of Proorm 1449	
5. Oath or Declaration [Total Pages 2 ]  a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR §1.63(d))  (for continuation/divisional with Box 17 completed)  [Note Box 5 below]  i. DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in the prior application,				]	13. 🔲	Prelimina	ry Amendn	nent		,	
					14 ☑ Return Receipt Postcard (MPEP 503)  (Should be specifically itemized)						
					15. Certified Copy of Priority Document(s)  (if foreign priority is claimed)						
					16. Request and Certification under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
see 37 CFR §§1.63(d)(2) and 1.33(b).					Applicant must attach form PTO/SB/35 or its equivalent.						iivaiciil.
7. CD-ROM or CD-R in duplicate, large table or					Tr. 🗀 Ouiei.						
Computer Program (Appendix)											
			k appropriate box, and	supply th	e requisite	informatio	n below and	d in a pr	eliminary ame	endment,	
	plication Data Shee	i under 37 Divisional	CFR 1.76: Continuation	n-in-part	(CIP)	of prio	r applicatio	n No:	09/725,62	1	
Prior appli	cation information:	E	xaminer <u>unkno</u>	wn_	Grou	p / Art Uni	t <u>3736</u>	3			
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19. CORRESPONDENCE ADDRESS											
☐ Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label)  or ☑ Correspondence address below											
NAME	Dade Behring Ir Legal Dept Pa										
	Attn: Lois K. Ru										
ADDRESS	1717 Deerfield,	Rd., #77	8								
CITY	Deerfield		· · · · · · · · · · · · · · · · · · ·		ATE	IL		CODE	60015-0		
COUNTRY	USA		TELEPHONE	847-267	5364		FAX		847-267-537	'6	
Nar	me (Print/Type)	Lois K.	Ruszala	Regis	tration No	. (Attorne)	//Agent)	39,07	'4	1	

Burden Hour Statement This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Date

Signature

PTO/SB/17 (11-00)
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## FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

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Complete if Known					
Application Number					
Filing Date					
First Named Inventor	Devlin etal.				
Examiner Name					
Group Art Unit					
Attorney Docket No.	DOS-QUE OFF				

METHOD OF PAYMENT	FEE CALCULATION (continued)						
1. X	3. ADDITIONAL FEES						
Deposit	Large Small						
Account Number 04-0010	Entity Entity Fee Fee Fee Fee Foo Description						
Deposit	Code (\$) Code (\$)	Fee Paid					
Account Name	105 130 205 65 Surcharge - late filing fee or oath						
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet						
Applicant claims small entity status. See 37 CFR 1.27	139 130 139 130 Non-English specification						
2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination						
Check Credit card Money Order Other	112 920° 112 920° Requesting publication of SIR prior to Examiner action						
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action						
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month						
Large Entity Small Entity	116 390 216 195 Extension for reply within second month						
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month						
101 710 201 355 Litility filing too	118 1,390 218 695 Extension for reply within fourth month						
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month						
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal						
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal						
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing						
SUBTOTAL (1) (\$) 7\	138 1,510 138 1,510 Petition to institute a public use proceeding						
	140 110 240 55 Petition to revive - unavoidable						
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional						
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)						
Total Claims 32 -20** = 12 x 18.00 = 21 0 independent 3 -3** = -0 = x 50.000	143 440 243 220 Design issue fee						
Claims ^	144 600 244 300 Plant issue fee						
Multiple Dependent	122 130 122 130 Petitions to the Commissioner						
Large Entity Small Entity	123 130 123 130 Petitions related to provisional applications						
Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt						
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)						
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))						
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))						
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)						
and over original patent	169 900 169 900 Request for expedited examination of a design application						
SUBTOTAL (2) (\$) 🔍 \ ⊌	Other fee (specify)						
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) —	) –					

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	Lois K. Ruszala	Registration No. (Attorney/Agent)	39,074	Telephone	847-267-5364
Signature	How K. Russala			Date	4/5/01

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